

BEST AVAILABLE COPY

POSITION	ID NO.	DR
CLASSIFIER	18	11-8794
EXAMINER	432	7-26
TYPIST	C.Y.	C/7
VERIFIER	35712 16 35	02/17/95
CORPS CORR.		
SPEC. HAND	10 437	1-23-75
FILE MAINT.	445	7/27/94
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	✓	1/97
2	✓	✓	1/98
3	✓	✓	1/98
4	✓	✓	1/98
5	✓	✓	1/98
6	✓	✓	1/98
7	✓	✓	1/98
8	✓	✓	1/98
9	✓	✓	1/98
10	✓	✓	1/98
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14	✓	✓	1/98
15	✓	✓	1/98
16	✓	✓	1/98
17	✓	✓	1/98
18	✓	✓	1/98
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
51	
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(LEFT INSIDE)